



Justice Advocacy Group^{LLC}

Joel A. Sickler
Founder

Medical

RE: Andrew Jon Thomasberg Reg. No. 93762-083

On behalf of Andrew Jon Thomasberg and at the request of his counsel and family, I have prepared this medical report as part of his request for Reduction in Sentence/Compassionate Release.

My name is Dr. Richard Goldberg. I did my medical training at the University of Michigan Medical School and attended Duke University Medical Center for my residency. I was in medical practice for 35 years. I have been a medical consultant working for Joel Sickler and the Justice Advocacy Group, LLC for several years.

According to the PSR and medical notes obtained from his treating physician prior to incarceration, Mr. Thomasberg has been treated for Chronic Lyme disease, Autism Spectrum Disorder, and Unspecified Disruptive Impulse Control and Conduct disorder—r/o Bipolar Disorder.

Lyme disease, the most common vector-borne illness in the United States, is a multisystem illness usually caused by infection with the spirochete *Borrelia burgdorferi*, and the body's immune response to the infection. The disease is transmitted to humans via tick bites, from infected ticks of the genus *Ixodes*. https://emedicine.medscape.com/article/330178-overview?src=ppc_google_rlsa-lapsed-traf_mscp_emed_md_us&gclid=Cj0KCQjwIiv0BRDaARIsAGTWD1sZJgsdmeqjSEju-pWOPxJWxCGLPdVu0S3wyVelgoq9QcaH0BGXzy0saAkMWEALw_wcB

There is documentation in his medical history of tick attachment(s) in childhood apparently on multiple occasions. It is felt by his treating physician, Dr. Jemsek of Washington, D.C., that the onset of his illness began with bacterial meningitis in 2006. He was treated for several months by Dr. Jaller. His Past medical history is significant for an apparent bout of Lyme carditis (date unknown).

Chronic Lyme Disease, or Post-treatment Lyme disease, is considered a syndrome that can occur when a person who is treated with antibiotic therapy for the disease continues to experience symptoms. According to an article in the New England Journal of Medicine, "10 to 20% of treated patients may have lingering symptoms of fatigue, musculoskeletal pains, disrupted sleep, and lack of customary mental functions." <https://www.nejm.org/doi/10.1056/NEJMe1502350>. These symptoms may last 6 months or longer.

It is uncertain why some people develop post-treatment Lyme disease symptoms. "Patients say, 'I'm not cured. I have symptoms now that I never had before Lyme disease. I'm fatigued 90% of the day. My muscles ache. My brain is in a fog. I can't think clearly any more. I'm super sensitive to light and sound. What is going on?'" <https://www.columbia-lyme.org/chronic-symptoms>

According to the evaluation done by Dr. Jemsek, his examination of Mr. Thomasberg revealed the following: Lyme WB IgM: (+) 41, 34, 23, positive; IgG: 93/83, 66, 41, 39, 28, 23, 18, positive; Bartonella henselae IgG/IgM: negative; Babesia microti IgM/IgG: negative; Erlichia Ab panel IgM/IgG: negative; RMSF IgG EIA: equivocal; IgG IFA: 1:64, high, positive; Anaplasma Phagocytophilum IgG/IgM: negative; Lyme Immunoblot IgG (+): 93, 66, 41, 39, 30, 28, 23, 18; Immunoblot IgM (+): 41, 34, 23. These tests show a positive exposure to both Borrelia and Rocky Mountain Spotted fever—both documented in his PSR.

In addition to the positive serology testing, Dr. Jemsek discusses in his report positive symptomatology consistent with Chronic Lyme disease including: disordered sleep with insomnia, restlessness, sweats; constitutional symptoms of chills with day/night sweats; cognitive dysfunction with poor concentration and focus; disorder of mood with anxiety, depression, PTSD; limbic irritability with appetite fluctuation, photo sensitivity; Dysautonomia with postural orthostasis; musculoskeletal complaints with arthralgias in the back and knees, and myalgias of several muscle groups; mononeuritis multiplex with twitching and radicular pain with associated fasciculations and motor weakness, a fatigue state with exhaustion; visual changes especially with light transmission; and chronic headaches. As previously stated, these are frequently seen in patients with Chronic Lyme disease.

“The Borrelia bacteria (cause of Lyme disease) transforms from an acute to a chronic infection by transforming the body to a TH2 "extracellular" dominant response and then converting from a free swimming spirochete form in the blood into an intracellular form (L-form) to escape the elevated TH2 immunity. The suppressed and down-regulated TH1 intracellular immune response becomes an ineffective immune response by the body and an effective evasion strategy, which is the hallmark of transformation to late-stage Lyme dissemination. “<https://www.ldnresearch-trust.org/immune-dysfunction-and-chronic-lyme-disease>

The essence of the chronic disease state is that formation of an underlying immune dysfunction that can limit the body's ability to fight infection.

Currently the world is facing a pandemic due to COVID-19—a coronavirus, and our immediate concern is for the safety of Mr. Thomasberg, an individual with a known immune deficiency disorder (chronic lyme disease) at a BOP facility during this pandemic. We are all experiencing, especially in America, a slow administrative response to the virus despite our increasing knowledge regarding the infection. The virus appears to be highly contagious, although at present, due to the lack of testing, we are unaware as to the extent of the disease at his facility. Those at increased risk are exemplified by Mr. Thomasberg, who is living with Post-treatment lyme syndrome, as well as our elderly and other immuno-compromised segments of society. As we now know, those individuals like Mr. Thomasberg are at increased risk should they be infected by the virus. Pneumonia caused by the virus, and the destruction of the pulmonary tree it causes, are the usual cause of death.

The Bureau of Prisons has established protocols for infectious diseases and, in fact, have a several part Pandemic Influenza Plan to assist with Surveillance and Infection Control. There are no apparent references to unusual pathogens such as COVID-19. Universal Precautions (standard precautions), Work Practice Controls, Personal Protective Equipment will only do so much to protect the inmate population. As of this writing, there has been many reported cases of COVID-19 at Riker's Island as well as numerous other facilities.

Our immediate concern is not only for Mr. Thomasberg, but the health and safety of our prison population and staff. These individuals are incarcerated and cannot self-regulate and are dependent upon those in charge to have plans in place to assist in their care and well-being. For example, the SHU, or Special Housing Unit, will not be adequate to "isolate" infected prisoners. Plans to transport those infected and ill to medical facilities will have to be enhanced, and if necessary, temporary hospital facilities will have to be erected on site. Specifically, all necessary testing equipment must be made available to the facilities to ensure these policies will be able to be enforced.

Our major fear for Mr. Thomasberg is that lyme disease patients and others with compromised immune systems are more prone to infections like COVID-19. <https://www.lymedisease.org/lyme-response-to-coronavirus/> . These will be extremely difficult times for the Bureau of Prisons.

We feel the medically and legally prudent course of action would be to send Mr. Thomasberg to house arrest for the remainder of his sentence (with or without a reduction to time served). There is no reason to keep him (at risk) at a Federal facility. These are especially dangerous times for many in our society, and the Bureau of Prisons is the caretaker of far too many.

Sincerely,

Richard Goldberg, MD

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